| Commonwealth of Kentucky Alison Lundergan Grimes, Secretary o | | Received and Filed | | L906 |
|---|--|--------------------|--|------|
| Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov | Statement of Change o Principal Office Addres | | | |

Pursuant to the provisions of KRS chapters 271B, 273, 275, or 362, the undersigned hereby applies to change the principal office on behalf of

Holden Healing Massage, LLC

which is organized in the state of Kentucky, and for that purpose submits the following statements:

| 1. Address of current principal office | 2. Principal office is hereby changed to: |
|--|---|
| 8129 NEW LAGRANGE RD INTRIGUE SALON | 4156 Westport Rd Suite, 206 BACK DOOR PLEASE |
| LOUISVILLE, KY 40222 | Louisville, KY 40207 |
| | |
| | |
| 3. Signature of officer or chairman of the board | |
| Teri Holden, Owner Signature and Title | |
| Signature and frue | |
| Type or print name and title | |
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